

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Conditions or Requirements</u>
<u>A. General Conditions of Eligibility</u>	
Each individual covered under the plan:	
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.A.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX), of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3. Is residing in the United States and— a. Is a citizen;
Sec. 245A of the Immigration and Nationality Act	b. Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408;
1902(a) and 1903(v) of the Act and 245(h)(3)(B) of the Immigration and Nationality Act	c. Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

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Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
	<input checked="" type="checkbox"/> State has interstate residency agreement with the following States: Alabama, Arkansas, California, Florida, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, New Jersey, New Mexico, North Dakota, Ohio, South Dakota, Tennessee, Texas, West Virginia, Wisconsin
	<input type="checkbox"/> State has open agreement(s).
	<input type="checkbox"/> Not applicable; no residency requirement.

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and 88-02

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Citation	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 435.604 1912 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met.  <input checked="" type="checkbox"/> Assignment of rights is automatic because of State law. *
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

\* Under State law, Act No. 1980-105, the State has the legal right to recover without assignment by the client.

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Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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ATTACHMENT 2.6-A  
Page 3c  
OMB No.: 0938-

State/Territory: Pennsylvania

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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State: Pennsylvania

Citation	Condition or Requirement
435.725 435.733 435.832	B. <u>Posteligibility Treatment of Institutionalized Individuals</u>
	1. The following amounts are not considered in the posteligibility process:
1902(o) of the Act	a. SSI and SSP benefits paid under §§1611(e)(1)(E) and (G) of the Act to individuals who receive institutional care.
Bondy v. Sullivan (SSI)	b. Austrian Reparation Payments (person (reparation) payments made under §§500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparation Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P.L. 100-383	d. Japanese and Aleutian Restitution Payments.
10405 of P.L. 101-239	e. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
6(h)(2) of P.L. 101-426	f. Radiation Exposure Compensation.
	2. The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:
	a. Personal Needs Allowance
	(i) Aged, blind, disabled-- Individuals \$ <u>30</u> Couples \$ <u>60</u>
	(ii) For the following individuals with greater need, see <u>SUPPLEMENT 12 to ATTACHMENT 2.6-A</u> .  Supplement 12 to <u>ATTACHMENT 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible.

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State: Pennsylvania

Citation	Condition or Requirement						
	<p>b. AFDC related-</p> <p>Children <u>\$30</u></p> <p>Adults <u>\$30</u></p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A. \$30</u></p>						
Social Security Act §1924	<p>3. For maintenance of the non-institutionalized spouse only.</p> <p>The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standards exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C).</p> <p>The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component §§1924(d)(3)(A)) exceeds the dependent family member's income.</p> <p>4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of -</p> <table> <tr> <td>AFDC level</td><td><u>\$See attached cash schedule</u></td></tr> <tr> <td>Medically needy level</td><td><u>\$</u></td></tr> <tr> <td>Other as follows</td><td><u>\$</u></td></tr> </table> <p>5. Amounts for incurred medical expenses not subject to payment by a third party.</p> <p>a. Health insurance premiums, deductibles and coinsurance charges.</p> <p>b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in <u>Supplement 3 to ATTACHMENT 2.6-A.</u></p> <p>6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.</p> <p><u>X</u> Yes. Amount for maintenance of home <u>\$527.40</u> (effective January 1, 1999)</p> <p><u>  </u> No.</p>	AFDC level	<u>\$See attached cash schedule</u>	Medically needy level	<u>\$</u>	Other as follows	<u>\$</u>
AFDC level	<u>\$See attached cash schedule</u>						
Medically needy level	<u>\$</u>						
Other as follows	<u>\$</u>						



**FAMILY SIZE ALLOWANCES**  
EFFECTIVE JANUARY 1, 1990

ATTACHMENT A.1 TO ATTACHMENT 2.6-A  
Page 5

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP					
1	1	2	3	4	5	6	EACH ADD'L. PERSON
	\$215	\$330	\$421	\$514	\$607	\$687	\$83
Bucks	Chester		Lancaster		Montgomery		Pike

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP					
2	1	2	3	4	5	6	EACH ADD'L. PERSON
	\$205	\$316	\$403	\$497	\$589	\$670	\$83
Adams	Centre	Erie	Monroe	Union			
Allegheny	Columbia	Lackawanna	Montour	Warren			
Berks	Crawford	Lebanon	Northampton	Wayne			
Blair	Cumberland	Lehigh	Philadelphia	Westmoreland			
Bradford	Dauphin	Luzerne	Sullivan	Wyoming			
Butler	Delaware	Lycoming	Susquehanna	York			

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP					
3	1	2	3	4	5	6	EACH ADD'L. PERSON
	\$195	\$305	\$393	\$479	\$569	\$647	\$83
Beaver	Elk	Lawrence	Mifflin	Snyder			
Cameron	Franklin	McKean	Perry	Tioga			
Carbon	Indiana	Mercer	Potter	Venango			
Clinton				Washington			

SCHEDULE		NUMBER OF PERSONS IN BUDGET GROUP					
4	1	2	3	4	5	6	EACH ADD'L. PERSON
	\$174	\$279	\$365	\$454	\$543	\$614	\$83
Armstrong	Clarion	Forest	Huntingdon	Northumberland			
Bedford	Clearfield	Fulton	Jefferson	Schuylkill			
Cambria	Fayette	Greene	Juniata	Somerset			

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Citation	Condition or Requirement
1902(1) of the Act	<p>7. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.</p> <p>8. Maintenance standards for community spouses and other dependent family members used to calculate monthly income allowances under section 1924(d) of the Act.</p> <p>a. Community Spouses</p> <p><u>X</u> (i) Standard based on the formula contained in section 1924(d) is used.</p> <p>— (ii) Maximum standard contained in section (d)(3)(C).</p> <p>(iii) A fixed standard which is greater than the minimum standard described in Section 1924(d) plus actual shelter cost not to exceed the maximum standard contained in Section 1924(d)(3)(C). The standard used is \$ ____.</p> <p>b. Other family members who are dependent.</p> <p><u>X</u> (i) Standard based upon the formula contained in Section 1924(d)(1)(C) is used.</p> <p>— (ii) A fixed standard greater than the amount which would be used if the formula described in Section 1924(d)(1)(C) were used. The standard used is \$ ____.</p> <p>c. The standards described above are used for individuals receiving Home and Community-Based waiver services in lieu of services provided in a medical or remedial institution.</p>

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